



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Laboratory

**Chemical Preparedness Specimen Collection
And Urine Cup Shipping Manifest**

PAGE _____ OF _____

DATE SHIPPED: _____

SHIPPED BY: _____

CONTACT TELEPHONE: _____

SIGNATURE: _____

DATE RECEIVED: _____

RECEIVED BY: _____

SIGNATURE: _____

TOTAL NUMBER OF SPECIMENS
IN THIS CONTAINER:

URINE CUPS:

TOTAL NUMBER OF BLANK URINE
CUPS PROVIDED IN THIS
CONTAINER:

BLANK URINE CUPS:

COMMENTS: _____

SHIPPING ADDRESS: Delaware Public Health Laboratory
Attn: Tara Lydick
30 Sunnyside Road
Smyrna, DE 19977
(302) 223-1520

**COMPLETE SAMPLE LOG AND PATIENT'S SIGNS & SYMPTOMS
(NEXT PAGE)**



**Chemical Preparedness Specimen Collection
And Urine Cup Shipping Manifest**

PAGE _____ OF _____

PLEASE INDICATE AMOUNT OF URINE COLLECTED IN THE UC COLUMN UC = URINE CUP		
Patient/Victim ID Label	UC (Amount)	Patient Signs & Symptoms (include rating 10 worst, 1 none) Comments:
		<hr/> <hr/> <hr/>
		<hr/> <hr/> <hr/>
		<hr/> <hr/> <hr/>
		<hr/> <hr/> <hr/>
		<hr/> <hr/> <hr/>

NOTE: Please include 2 empty urine cups from each lot number collected for background contamination measurement.